

Awareness of Smartphone Addiction in Urban Teenagers.

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ABSTRACT: Smartphone has become a crucial part of the teenage life. The era has changed from playground games to digital games; therefore, it is essential to evaluate the awareness of smartphone addiction in urban teenagers. A sample size of n=158 in the age group of 13-19 years was chosen and evaluated on basis of Smartphone Addiction Scale- short Version (SAS-SV). This scale helps to study the self-awareness among adolescents about their smartphone addiction. Percentage analysis of the data was done. The results obtained from the study indicated that there was about 50% addiction among teenagers and about 22% were at the risk of addiction due to their high scores. Hence, the need of the hour is to create awareness about the same, so as to curb the effects of addiction before establishment of ill-effects. The population which is addicted should also be targeted with rehabilitation.

KEYWORDS: Smartphone, addiction, teenagers, overuse, self-awareness, SAS-SV.

Date of Sumisión: 26-05-2018

Date of acceptante: 11-06-2018

I INTRODUCTION

Smartphone is an important gadget which plays an irreplaceable role in our everyday life. [1] As technology has progressed there have been many innovative changes in the features of a smartphone. That is why; this device is the most used appliance today. Portable media players, compact digital cameras, access to emails, social media, GPS navigation, high resolution touch screen, gaming all are now available [2]. It is within the reach no matter where you are. Therefore, it is one of the most overused device.

Addiction is considered by W.H.O. (W.H.O. Expert Committee- 1964) as dependence, as the continuous use of something for the sake of relief, comfort or stimulation, which often causes cravings when it is absent.[3] Smartphone addiction has been classified as a “behavioural addiction” [4].According to UNICEF, nearly 243 million adolescents are living in India (2011) [5]. A study by Cartoon Network, India; concluded that 95% of kids are living in homes where there is at least one mobile phone and 73% of Indian kids are mobile phone users. Shockingly 76% fall in the age group above 11. [6]

The two core features of a mobile phone are:

- Personalised
- Multi-functional

“Personalised” as it can satisfy and individual’s physical, cognitive, social and emotional needs at any time and place. “Multi- functional” as it can replace most other electronics like videogames, computers, TV, etc. and has applications for any other need. [7]

Adolescents in the age group of 13-19 use their mobile phones for various tasks like alarm, camera, social media, accessing the internet for information, projects, gaming, etc. The rate of texting has also increased exponentially due to rise in social media. Adolescent kids find it a “status quo” to own a mobile phone of their own. Also there is a lot of peer pressure involved on usage of this device.

Adolescents being immature in their self-control show addictive behaviours easier than adults. [8] This is now turning into a major concern.

Therefore, this study aimed at analysing the awareness of smartphone addiction among urban adolescent population.

II MATERIALS AND METHODS:

Institutional Ethics Committee approval was taken prior to commencement of the study. 158 subjects in the age group of 13-19 years having their own smartphone were randomly selected. Subjects having cognitive and mental health problems or recent trauma that has affected their phone use were excluded from the study. A written consent was obtained from the subjects and a written assent was taken from parents of the adolescents below the age of 18 years. The Smartphone Addiction Scale- Short version for Adolescents was used to analyse the addiction pattern among the study population. The scale consisted of ten questions which had a 6 point

Likert scale from strongly disagree having a score of one to strongly agree with a score of 6. The total score of the scale was 60.

III RESULTS

Out of the 158 subjects selected, 84 were females and 74 were males. The mean age of the population was 15.70 ± 1.86 .

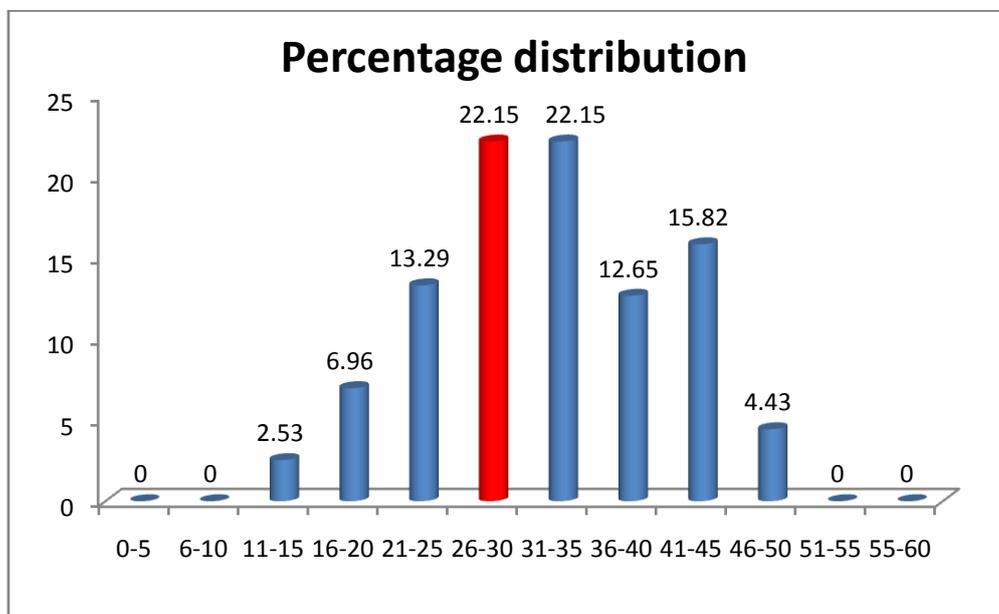


Fig. 1: graph representing the percentage distribution of the smartphone addiction scores.

According to scale, for males the cut-off score for the Smartphone Addiction Scale is 31 and that for females is 33. As seen in the graph, the adolescents in low risk group (i.e scores of 0-20) are 9.54%, in the moderate risk group (i.e scores of 21-25) there are 13.29% adolescents whereas, a high percentage of 22.15 was seen to be among the high risk group.

IV DISCUSSION

Prevalence of smartphone addiction in this study was about 50%. The SAS-SV according to its developers can be used to identify a potential high-risk for smartphone addiction in community and educational fields. Therefore, the SAS-SV was used in the study. When the data was analysed for the non-addicted group of adolescents it was noted that a high percentage of 22.15% was not addicted but was at a high risk of addiction. This suggests that even though according to the scale they are classified as non-addicted but are at the verge of addiction. The smartphone overuse can load various areas of human body especially the psychological and musculoskeletal system. The impact of phone use is being repeatedly evaluated. Addictions often come with impulsivity, high smartphone users are also known to be impulsive in decision making. They also have higher tendencies to make irrational decisions.[9] It is shown that problematic users of the smartphone have more anxiety and depression issues. They also have problems focusing and maintaining attention at tasks. [10] Other psychopathologies seen in smartphone addicts are high levels of stress known to be associated with videogames, low self-esteem. [11] Mobile phone is being overused in unchanged postures. This explains the cumulative trauma disorders that affect the musculoskeletal system. [12] This implies that there is a need to create awareness among this population so that smartphone addiction can be avoided at primordial level. For the addiction group which was about 50%, it is imperative to increase awareness among adolescents and their parents about these ill-effects of overuse. , the adolescents using smartphone should be taught exercises so it may help the effects of smartphone addiction to be washed out. Relaxation and postural correction should be advocated.

V CONCLUSION

The high SAS-SV score revealed the self-awareness about the seriousness of smartphone addiction among urban teenagers. Therefore, the conclusion is that awareness is an essential component so that adequate prevention and promotion of health can be undertaken in the technologically advancing era..

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Hetal Shah " Awareness of Smartphone Addiction in Urbanteenagers."International Journal of Humanities and Social Science Invention (IJHSSI) 7.06 (2018): 84-86.